

DENTAL CODE ADDITIONS TO GROUP 1D OF THE
AMBULATORY PROCEDURES LISTING (APL)
EFFECTIVE WITH DATES OF SERVICE ON AND AFTER JANUARY 1, 2005

<u>HCPCS Code</u>	<u>Procedure Description</u>	<u>Age Limit</u>
D0120	Periodic Oral Exam	0-20
D0140	Limited Oral Exam - Problem Focused	
D0150	Comprehensive Oral Exam	
D0210	Intraoral - Complete Series (including bitewings)	
D0220	Intraoral - Periapical - first film	
D0230	Intraoral - Periapical - one additional film	
D0270	Bitewings Single Film	
D0272	Bitewings - Two Films	
D0274	Bitewings -Four Films	
D0277	Vertical Bitewings - 7-8 Films	
D0330	Panoramic Film	0-20
D1120	Prophylaxis - Child	
D1203	Topical Application of Fluoride (excluding prophylaxis)	
D1351	Sealant - Per Tooth	
D1510	Space Maintainer - Fixed Unilateral	
D1515	Space Maintainer - Fixed Bilateral	
D1525	Space Maintainer - Removable Bilateral	
D1550	Space Maintainer - Recement	
D2140	Amalgam - One Surface, Primary or Permanent	
D2150	Amalgam - Two Surfaces, Primary or Permanent	
D2160	Amalgam - Three Surfaces, Primary or Permanent	0-20
D2161	Amalgam - Four-Plus Surfaces, Primary or Permanent	
D2330	Resin-Based Composite - One Surface, Anterior	
D2331	Resin-Based Composite - Two Surfaces, Anterior	
D2332	Resin-Based Composite - Three Surfaces, Anterior	
D2335	Resin-Based Composite - Four-Plus Surfaces or Involving Incisal Edge, Anterior	
D2391	Resin-Based Composite - One Surface, Primary or Permanent	
D2392	Resin-Based Composite - Two Surfaces, Primary or Permanent	
D2393	Resin-Based Composite - Three Surfaces, Primary or Permanent	
D2394	Resin-Based Composite - Four-Plus Surfaces, Primary or Permanent	
D2740	Crown-Porcelain/Ceramic	0-20
D2750	Crown-Porcelain Fused to High Noble Metal	
D2751	Crown-Porcelain/Base Metal	
D2752	Crown-Porcelain Fused to Noble Metal	
D2790	Crown-Full Cast High Noble Metal	
D2791	Crown-Full Cast Predominantly Metal Base	
D2792	Crown-Full Cast Noble Metal	
D2910	Recement Inlays	
D2915	Recement Cast or Prefabricated Post and Core	
D2920	Recement Crown	
D2930	Prefabricated Stainless Steel Crown (SSC) Primary Tooth	0-20
D2931	Prefabricated Stainless Steel Crown (SSC) Permanent Tooth	
D2932	Prefabricated Resin Crown	
D2940	Sedative Fillings	
D2951	Pin Retention - Per Tooth	
D2954	Prefabricated Post and Core	

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D3220	Therapeutic Pulpotomy	0-20
D3310	Anterior Root Canal (Excluding Final Restoration)	
D3320	Bicuspid Root Canal (Excluding Final Restoration)	0-20
D3330	Molar Root Canal (Excluding Final Restoration)	0-20
D3351	Apexification/Recalcification Initial Visit	0-20
D3352	Apexification/Recalcification Interim Visit	0-20
D3353	Apexification/Recalcification Final Visit	0-20
D3410	Apicoectomy/Periapical Surgery - Per Tooth, First Root	0-20
D4210	Gingivectomy or Gingivoplasty - Four-Plus Teeth, Per Quadrant	0-20
D4211	Gingivectomy or Gingivoplasty - One to Three Teeth, Per Quadrant	0-20
D4240	Gingival Flap Procedure, with Root Planing - Four-Plus Teeth, Per Quadrant	0-20
D4241	Gingival Flap Procedure, with Root Planing - One to Three Teeth, Per Quadrant	0-20
D4260	Osseous Surgery - Four-Plus Teeth, Per Quadrant	0-20
D4261	Osseous Surgery - One to Three Teeth, Per Quadrant	0-20
D4263	Bone Replacement Graft - First Site in Quadrant	0-20
D4264	Bone Replacement Graft, Each Additional Site in Quadrant	0-20
D4270	Pedicle Soft Tissue Graft	0-20
D4271	Free Soft Tissue Graft	0-20
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	0-20
D4274	Distal or Proximal Wedge	0-20
D4320	Provisional Splinting, Intracoronal	0-20
D4321	Provisional Splinting, Extracoronal	0-20
D4341	Periodontal Scaling and Root Planing - Four-Plus Teeth, Per Quadrant	0-20
D4342	Periodontal Scaling and Root Planing - One to Three Teeth, Per Quadrant	0-20
D4910	Periodontal Maintenance Procedure	0-20
D5110	Complete Denture - Maxillary	
D5120	Complete Denture - Mandibular	
D5130	Immediate Denture - Maxillary	
D5140	Immediate Denture - Mandibular	
D5211	Maxillary Partial Denture - Resin Base	0-20
D5212	Mandibular Partial Denture - Resin Base	0-20
D5213	Maxillary Partial Denture - Cast Metal Framework	0-20
D5214	Mandibular Partial Denture - Cast Metal Framework	0-20
D5510	Repair Complete Denture Base	
D5520	Replace Missing or Broken Teeth, Complete Denture	
D5610	Repair Partial Denture Base	
D5620	Repair Cast Framework	
D5630	Repair or Replace Broken Clasp	
D5640	Replace Broken Teeth, Each Additional Tooth	
D5650	Add Tooth to Existing Partial	
D5730	Reline Complete Maxillary Denture, Chairside	
D5731	Reline Complete Mandibular Denture, Chairside	
D5740	Reline Maxillary Partial Denture, Chairside	
D5741	Reline Mandibular Partial Denture, Chairside	
D5750	Reline Complete Maxillary Denture, Laboratory	
D5751	Reline Complete Mandibular Denture, Laboratory	

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D5760	Reline Maxillary Partial Denture, Laboratory	
D5761	Reline Mandibular Partial Denture, Laboratory	
D5911	Facial Moulage - Sectional	
D5912	Facial Moulage - Complete	
D5913	Nasal Prosthesis	
D5914	Auricular Prosthesis	
D5915	Orbital Prosthesis	
D5916	Ocular Prosthesis	
D5919	Facial Prosthesis	
D5922	Nasal Septal Prosthesis	
D5923	Ocular Prosthesis, Interim	
D5924	Cranial Prosthesis	
D5925	Facial Augmentation, Implant Prosthesis	
D5926	Nasal Prosthesis, Replacement	
D5927	Auricular Prosthesis, Replacement	
D5928	Orbital Prosthesis, Replacement	
D5929	Facial Prosthesis, Replacement	
D5931	Obturator Prosthesis, Surgical	
D5932	Obturator Prosthesis, Definitive	
D5933	Obturator Prosthesis, Modification	
D5934	Mandibular Resection Prosthesis with Guide Flanges	
D5935	Mandibular Resection Prosthesis without Guide Flanges	
D5936	Obturator Prosthesis, Interim	
D5937	Trismus Appliance	
D5951	Feeding Aid	
D5952	Speech Aid Prosthesis, Pediatric	0-20
D5953	Speech Aid Prosthesis, Adult	
D5954	Palatal Augmentation, Prosthesis	
D5955	Palatal Lift Prosthesis, Definitive	
D5958	Palatal Lift Prosthesis, Interim	
D5959	Palatal Lift Prosthesis, Modification	
D5960	Speech Aid Prosthesis, Modification	
D5982	Surgical Stent	
D5983	Radiation Carrier	
D5984	Radiation Shield	
D5985	Radiation Cone Locator	
D5986	Fluoride Gel Carrier	
D5987	Commissure Splint	
D5988	Surgical Splint	
D5999	Unspecified Maxillofacial Prosthesis	
D6210	Pontic-Cast High Noble Metal	0-20
D6211	Pontic-Cast Predominantly Base Metal	0-20
D6212	Pontic-Cast Noble Metal	0-20
D6240	Pontic-Porcelain Fused to High Noble Metal	0-20
D6241	Pontic-Porcelain/Base Metal	0-20
D6242	Pontic-Porcelain Fused to Noble Metal	0-20

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D6251	Pontic-Resin/Base Metal	0-20
D6721	Crown-Resin/Predominately Base Metal	0-20
D6750	Crown-Porcelain Fused to High Noble Metal	0-20
D6751	Crown-Porcelain/Predominately Base Metal	0-20
D6752	Crown-Porcelain Fused to Noble Metal	0-20
D6790	Crown-Full Cast High Noble Metal	0-20
D6791	Crown-Full Cast Predominantly Base Metal	0-20
D6792	Crown-Full Cast Noble Metal	0-20
D6930	Recement Fixed Partial Denture	
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	0-20
D7140	Extraction - Erupted Tooth or Exposed Root	
D7210	Surgical Removal of Erupted Tooth	
D7220	Removal of Impacted Tooth - Soft Tissue	
D7230	Removal of Impacted Tooth - Partially Bony	
D7240	Removal of Impacted Tooth - Completely Bony	
D7250	Surgical Removal of Residual Roots	
D7280	Surgical Access of an Unerupted Tooth	0-20
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	0-20
D7310	Alveoloplasty in Conjunction with Extractions - per Quadrant	0-20
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	0-20
D7320	Alveoloplasty Not in Conjunction with Extractions - per Quadrant	0-20
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	0-20
D7450	Removal of Odontogenic Cyst or Tumor up to 1.25 cm	
D7451	Removal of Odontogenic Cyst or Tumor Over 1.25 cm	
D7460	Removal of Non-Odontogenic Cyst or Tumor up to 1.25 cm	
D7461	Removal of Non-Odontogenic Cyst or Tumor Over 1.25 cm	
D7510	Incision and Drainage Abscess	
D7511	Incision and Drainage of Abscess-Intraoral Soft Tissue Complicated (Includes Drainage of Multiple Fascial Spaces)	
D7610	Maxilla Open Reduction, Teeth Immobilized	
D7620	Maxilla Closed Reduction, Teeth Immobilized	
D7630	Mandible - Open Reduction, Teeth Immobilized	
D7640	Mandible - Closed Reduction, Teeth Immobilized	
D7710	Maxilla - Open Reduction	
D7720	Maxilla - Closed Reduction	
D7730	Mandible - Open Reduction	
D7740	Mandible - Closed Reduction	
D7810	Open Reduction of Dislocation	
D7820	Closed Reduction of Dislocation	
D7960	Frenulectomy - Separate Procedure (Frenectomy or Frenotomy)	0-20
D7963	Frenuloplasty	0-20
D8080	Initial Orthodontic Appliance Placement	0-20
D8660	Initial Examination, Records, Radiographs and Facial Photographs	0-20
D8670	Monthly Adjustments	0-20

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<u>HCP</u> <u>Code</u>	<u>Procedure</u> <u>Description</u>	<u>Age Limit</u>
D8999	Initial Orthodontic Evaluation/Study Models	0-20
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedures	
D9220	General Anesthesia	
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	
D9241	Intravenous Sedation	
D9310	Consultation	
D9610	Therapeutic Drug Injection	
D9630	Other Drugs and Medicaments	
D9999	Unspecified Procedure	